

***Long Term Acute Care Hospital Supplemental
Per Diem Rate Calculation Sheet
Oct 1, 2010 – Sept 30, 2011***

**Advocate Bethany Hospital
3435 West Van Buren Street
Chicago, IL 60624**

· Hospital fiscal year 2008 Medicaid cost report total reported Medicaid cost (A)	\$ 1,669,321.00
· Hospital fiscal year 2008 Medicaid cost report total reported Medicaid days (B)	1,145.00
· Hospital fiscal year 2008 Medicaid cost report total reported Medicaid discharges (C)	35.00
· Hospital fiscal year 2008 Medicaid cost report based average length of stay	32.71
· Calculated hospital fiscal year 2008 Medicaid cost per diem (A / B)	\$ 1,457.92
· Applicable DRI inflation factor <i>(Inflated from the midpoint of the hospitals FY to April 2011, rounded to 5 digits)</i>	1.11675
· Rate year 2011 inflated per diem rate	\$ 1,628.13
- LESS -	
· Current Hospital Per Diem base rate	\$ 604.01
o 89 IL Admin Code 148.270(c)(4)	
· Rate Year 2011 Disproportionate Share per diem rate (10/1/2010 - 09/30/2011)	\$ -
o 89 IL Admin Code 148.120	
· Rate Year 2011 Medicaid Percentage Adjustment per diem rate (10/1/2010 - 09/30/2011)	\$ -
o 89 IL Admin Code 148.122	
· Rate Year 2011 Medicaid High Volume Adjustment per diem rate (10/1/2010 - 09/30/2011)	\$ -
o 89 IL Admin Code 148.290(d)	

<i>Long Term Acute Care Supplemental per diem rate</i>	\$ 1,024.12
<i>Rate to be paid for admissions on or after Oct. 1, 2011, subject to provider readiness review.</i>	

** Rate established based on new provider methodology. Refer to HFS for methodology rules.*